

2012 Registration form and TAX INVOICE

Baker IDI Training Programs for Health Professionals

ABN 98 131 762 948



(Upon payment this form is a tax invoice for GST purposes. All prices include GST.)

To register:

- * **By email:** training@bakeridi.edu.au or
- * **By fax:** (03) 8532 1100 or
- * **By mail,** please return completed form to:
 Training Program Coordinator,
 Baker IDI Heart & Diabetes Institute
 Level 4, 99 Commercial Road, Melbourne, 3004

I would like to register for the following programs (please tick box/es):

- Diabetes and the elderly**
 - Monday, 19 March (\$155 or early bird* \$125)
 - Monday, 13 August (\$155 or early bird* \$125)
- Pre-Diabetes & Type 2 Diabetes Mellitus**
 - Wednesday, 27 June (\$215 or early bird* \$185)
- Insulin Management & New Therapies**
 - Thursday, 18 October (\$225 or early bird* \$195)
- Counting the Carbs – Exchanges to Pumps**
 - Monday, 20 February (\$220 or early bird* \$190)
- Motivational interviewing for Diabetes Health Care Professionals**
 - Friday, 2 March (\$245 or early bird* \$215)
- Making the connection: the interplay between diabetes, heart disease and mental health**
 - Friday, 20 July (\$155 or early bird* \$125)
- Overweight and Obesity: the challenges and solutions**
 - Monday, 23 July (\$205 or early bird* \$175)
- Diabetic complications: diagnosis and management**
 - Friday, 1 June (\$210 or early bird* \$180)
- Diabulimia – walking a knife edge**
 - Friday, 30 November (\$225 or early bird* \$195)
- Practical half day workshop on Counting the Carbs**
 - Tuesday, 19 June (\$130 or early bird* \$100)

Registration details:

Title: First name:

Family name:

Occupation:

Position:

Organisation:

Address:

..... Post code:

Is this your (please tick):

- business **or** home address?

Telephone (BH):

Mobile:

Email:

Fax:

Please state any special dietary requirements:

Payment details:

I enclose:

- Total of \$.....**

via payment method of

- EFT – details can be provided upon request
- Money order / cheque – addressed to Baker IDI Heart and Diabetes Institute Holdings Ltd
- Visa
- Mastercard

Credit card details (if applicable):

Name on card:

Expiry date: Signature:

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Terms and conditions: *Early bird fee: To take advantage of early bird special rate, registration & full payment must be received by closing date.

1. Baker IDI reserves the right to cancel, postpone or reschedule courses where registrations are insufficient or due to unforeseen circumstances. Should this occur the registration payment will be refunded. For full terms and conditions, refer to our website (www.bakeridi.edu.au).

Office use only: Cost centre: 261 Contract no. 10384 Date received: (F / E / R / L) Processed by: